

**MDCH - CMHSP Children's Waiver Services Database**  
**Effective January 1, 2008**

CPT/ HCPCS	Mod	Description	Status	Fee Screen	Parameters
90772		THER/PROPH/DIAG INJ, SC/IM	A	\$10.55	
90801		PSY DX INTERVIEW	A	\$86.77	Maximum 1 per month
90802		INTERACTIVE PSY DX INTERVIEW	A	\$92.15	Maximum 1 per month
90804		PSYCHOTHERAPY, 20-30 MIN	A	\$37.25	Maximum 10 per month
90805		PSYCHOTHERAPY, 20-30 MIN W/ E&M	A	\$40.91	Maximum 10 per month
90806		PSYCHOTHERAPY, 45-50 MIN	A	\$55.98	Maximum 10 per month
90807		PSYCHOTHERAPY, 45-50 MIN W/ E&M	A	\$59.64	Maximum 10 per month
90808		PSYCHOTHERAPY, 75-80 MIN	A	\$83.54	Maximum 10 per month
90809		PSYCHOTHERAPY, 75-80, W/ E&M	A	\$86.55	Maximum 10 per month
90810		INTERACTIVE PSYCHOTHERAPY, 20-30 MIN	A	\$40.26	Maximum 10 per month
90811		INTERACTIVE PSYCHOTHERAPY, 20-30, W/ E&M	A	\$45.00	Maximum 10 per month
90812		INTERACTIVE PSYCHOTHERAPY, 45-50 MIN	A	\$60.28	Maximum 10 per month
90813		INTERACTIVE PSYCHOTHERAPY, 45-50 MIN W/ E&M	A	\$63.51	Maximum 10 per month
90814		INTERACTIVE PSYCHOTHERAPY, 75-80 MIN	A	\$87.41	Maximum 10 per month
90815		INTERACTIVE PSYCHOTHERAPY, 75-80 W/ E&M	A	\$90.00	Maximum 10 per month
90846		FAMILY PSYCHOTHERAPY W/O PATIENT	A	\$54.26	Maximum 10 per month
90847		FAMILY PSYCHOTHERAPY W/ PATIENT	A	\$66.31	Maximum 10 per month
90853		GROUP PSYCHOTHERAPY	A	\$18.30	Maximum 10 per month
90862		MEDICATION MANAGEMENT	A	\$29.50	Maximum 5 per month
92506		SPEECH/HEARING EVALUATION	A	\$75.14	Maximum 1 per 90 days
92507		SPEECH/HEARING THERAPY, INDIVIDUAL	A	\$35.52	Maximum of 8 sessions per month
92508		SPEECH/HEARING THERAPY, GROUP	A	\$16.79	Maximum of 8 sessions per month
92526		TREATMENT OF SWALLOWING DYSFUNCTION	A	\$47.58	Maximum of 8 sessions per month
92626		EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	A	\$48.66	Maximum 1 per 90 days
92627		EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITI	A	\$12.27	Maximum 12 per 90 days
92630		AUD REHAB PRELING HEARING LOSS	A	\$35.52	Maximum 8 per month
92633		AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	A	\$35.52	Maximum 8 per month
96101		PSYCHO TESTING BY PSYCH/PHYS	A	\$55.12	Maximum quantity of 5 once in 90 days
96102		PSYCHO TESING BY TECHNICIAN	A	\$25.19	Maximum quantity of 5 once in 90 days
96103		PSYCHO TESTING ADMIN BY COMP	A	\$15.93	Maximum 1 per 90 days
96105		ASSESSMENT OF APHASIA, PER HOUR	A	\$41.98	Maximum 1 per 90 days
96110		DEVELOPMENTAL TEST, LIMITED	A	\$7.75	Maximum 1 per 90 days
96111		DEVELOPMENTAL TEST, EXTENDED	A	\$82.46	Maximum 1 per 90 days
96116		NEUROBEHAVIORAL STATUS EXAM	A	\$61.79	Maximum 1 per 90 days
96118		NEUROPSYCH TST BY PSYCH/PHYS	A	\$73.85	Maximum quantity of 5 once in 90 days
96119		NEUROPSYCH TESTING BY TECH	A	\$37.68	Maximum quantity of 5 once in 90 days
96120		NEUROPSYCH TST ADMIN W/COMP	A	\$27.34	Maximum 1 per 90 days
97001		PT EVALUATION	A	\$43.06	Maximum 2 per year
97002		PT RE-EVALUATION	A	\$22.82	Maximum 1 per month
97003		OT EVALUATION	A	\$46.07	Maximum 2 per year
97004		OT RE-EVALUATION	A	\$27.77	Maximum 1 per month
97110		THERAPEUTIC EXERCISES, EACH 15 MIN	A	\$15.93	Maximum of 8 sessions per month for combined OT & PT procedures.
97112		NEUROMUSCULAR REEDUCATION, EACH 15 MIN	A	\$16.58	Maximum of 8 sessions per month for combined OT & PT procedures.
97113		AQUATIC THERAPY, EACH 15 MIN	A	\$18.09	Maximum of 8 sessions per month for combined OT & PT procedures.
97116		GAIT TRAINING THERAPY, EACH 15 MIN	A	\$13.99	Maximum of 8 sessions per month for combined OT & PT procedures.
97124		MASSAGE THERAPY, EACH 15 MIN	A	\$12.70	Limit of 4 sessions per month per type of specialty services
97140		MANUAL THERAPY, EACH 15 MIN	A	\$14.86	Maximum of 8 sessions per month for combined OT & PT procedures.

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97150		GROUP THERAPY PROCEDURE(S)	A	\$9.90	Maximum of 8 sessions per month for combined OT & PT procedures.
97530		THERAPEUTIC ACTIVITIES, EACH 15 MIN	A	\$16.58	Maximum of 8 sessions per month for combined OT & PT procedures.
97532		DEVELOPMENT OF COGNITIVE SKILLS, EACH 15 MIN	A	\$13.99	Maximum of 8 sessions per month for combined OT & PT procedures.
97533		SENSORY INTEGRATIVE TECHNIQUES, EACH 15 MIN	A	\$14.86	Maximum of 8 sessions per month for combined OT & PT procedures.
97535		SELF-CARE/ HOME MANAGEMENT TRAINING, EACH 15 MIN	A	\$17.01	Maximum of 8 sessions per month for combined OT & PT procedures.
97537		COMMUNITY/ WORK REINTEGRATION TRAINING, EACH 15 MIN	A	\$15.50	Maximum of 8 sessions per month for combined OT & PT procedures.
97542		WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MIN	A	\$15.93	Maximum of 8 sessions per month for combined OT & PT procedures.
97761		PROSTHETIC TRAINING, EACH 15 MIN	A	\$16.15	Maximum of 8 sessions per month for combined OT & PT procedures.
97762		C/O FOR ORTHOTIC/PROSTH USE	A	\$14.86	Maximum 1 per 90 days
97802		MEDICAL NUTRITION THERAPY, EACH 15 MIN	A	\$10.33	Maximum 2 per year
97803		MEDICAL NUTRITION THERAPY RE-ASSESSMENT, EACH 15 MIN	A	\$10.33	Maximum 5 per month
97804		MEDICAL NUTRITION THERAPY, GROUP, EACH 30 MIN	A	\$4.09	Maximum 5 per month
99506		HOME VISIT FOR IM INJECTIONS	A	\$10.77	
E1340		REPAIR OR NONROUTINE SERVICE FOR DME, PER 15 MIN	P	\$0.01	<b>Prior authorization required</b>
E1399		DME, MISCELLANEOUS	M	\$384.00	Limit of one (1) single room air conditioner every 5 years with a maximum cost of \$384. Use the remark field to identify the item.
G0176		ACTIVITY THERAPY, PER SESSION (45 MINS OR MORE)	A	\$66.54	Limit of 4 sessions per month per type of specialty services (eg. Music, recreation, art therapy)
H0018		BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL	A	\$202.56	
H0034		MEDICATION TRAINING AND SUPPORT, PER 15 MIN	A	\$9.91	Maximum 1 per week
H0045	TD	RESPIRE CARE NOT IN THE HOME, PER DIEM (RN)	A	\$521.56	Maximum of 14 days per year for any combination of PC H0045/S5151/S9125 any modifier for vacation respite.
H0045	TE	RESPIRE CARE NOT IN THE HOME, PER DIEM (LPN)	A	\$443.36	Maximum of 14 days per year for any combination of PC H0045/S5151/S9125 any modifier for vacation respite.
H2000		COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	A	\$184.32	Maximum of 5 sessions per month.
H2015		COMP COMM SUPP SVC, 15 MIN	A	\$3.62	Maximum 96 per day (with or without modifier)
H2015		COMP COMM SUPP SVC, 15 MIN		\$5.43	<b>Holiday rate</b>
H2015	TT	COMP COMM SUPP SVC, 15 MIN > 1 PT	A	\$2.72	Maximum 96 per day (with or without modifier)
H2015	TT	COMP COMM SUPP SVC, 15 MIN > 1 PT		\$4.08	<b>Holiday rate</b>
M0064		MONITORING OR CHANGING DRUG PRESCRIPTIONS	A	\$15.50	Maximum 1 per month
S0215		NON-EMERGENCY TRANSPORTATION: MILEAGE, PER MILE	A	\$0.32	
S5111		HOME CARE TRAINING, FAMILY; PER SESSION	A	\$63.38	Up to 4 sessions per day but no > 12 sessions per 90 day period.
S5116		HOME CARE TRAINING, NON-FAMILY; PER SESSION	A	\$62.09	Up to 4 sessions per day but no > 12 sessions per 90 day period.
S5151		UNSKILLED RESPIRE CARE, NOT HOSPICE; PER DIEM	A	\$342.14	Maximum of 14 days per year for any combination of PC H0045/S5151/S9125 any modifier for vacation respite.
S5151	TT	UNSKILLED RESPIRE CARE, NOT HOSPICE; PER DIEM, >1 PATIENT	A	\$256.67	Maximum of 14 days per year for any combination of PC H0045/S5151/S9125 any modifier for vacation respite.
S5165		HOME MODIFICATIONS, PER SERVICE	P	\$0.01	<b>Prior authorization required</b>
S5199		PERSONAL CARE ITEM, NOS, EACH	A	\$96.00	Maximum of 5 items per quarter, limited to a cost not greater than \$96 each. Use the remarks field to identify the item(s).
S8990		PT OR MANIP FOR MAINT	A	\$62.86	Maximum of 8 sessions per month for combined OT & PT procedures.
S9125	TD	RESPIRE CARE IN THE HOME, PER DIEM (RN)	A	\$736.32	Maximum of 14 days per year for any combination of PC H0045/S5151/S9125 any modifier for vacation respite.
S9125	TE	RESPIRE CARE IN THE HOME, PER DIEM (LPN)	A	\$625.92	Maximum of 14 days per year for any combination of PC H0045/S5151/S9125 any modifier for vacation respite.
S9445		PATIENT EDUCATION, NOC, INDIVIDUAL, PER SESSION	A	\$24.02	Maximum 5 per month
S9446		PATIENT EDUCATION, NOC, GROUP, PER SESSION	A	\$12.00	Maximum 5 per month
S9470		NUTRITIONAL COUNSELING, DIETITIAN VISIT	A	\$24.48	Maximum 13 per month

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S9484		CRISIS INTERVENTION MENTAL HEALTH SVC, PER HOUR	A	\$44.41	Maximum 10 per month
T1001		NURSING ASSESSMENT/ EVALUATION	A	\$46.17	Maximum 1 per 90 days
T1002		RN SERVICES, UP TO 15 MIN	A	\$9.91	Maximum 12 per month
T1005		RESPIRE CARE SVC, UP TO 15 MIN	A	\$3.56	Maximum 96 per month (with or without modifier)
T1005		RESPIRE CARE SVC, UP TO 15 MIN		\$5.34	<b>Holiday rate</b>
T1005	TD	RESPIRE CARE SVC, BY RN, UP TO 15 MIN	A	\$7.67	Maximum 96 per month (with or without modifier)
T1005	TD	RESPIRE CARE SVC, BY RN, UP TO 15 MIN		\$11.51	<b>Holiday rate</b>
T1005	TE	RESPIRE CARE SVC, BY LPN, UP TO 15 MIN	A	\$6.52	Maximum 96 per month (with or without modifier)
T1005	TE	RESPIRE CARE SVC, BY LPN, UP TO 15 MIN		\$9.78	<b>Holiday rate</b>
T1005	TT	RESPIRE CARE SVC, UP TO 15 MIN > 1 PT	A	\$2.67	Maximum 96 per month (with or without modifier)
T1005	TT	RESPIRE CARE SVC, UP TO 15 MIN > 1 PT		\$4.01	<b>Holiday rate</b>
T1999		MISCELLANEOUS THERAPEUTIC ITEMS & SUPPLIES, NOC	A	\$24.00	Only adaptive toys can be billed under this code. Limit of one (1) adaptive toy per quarter with a maximum cost of \$24. Use the remarks field to identify the item.
T2023		TARGETED CASE MANAGEMENT; PER MONTH	A	\$291.57	The Date of service should be the last day of the month that the case management services were provided.
T2028		SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	A	\$96.00	Maximum of 5 allergy control supplies per quarter, limited to a cost not greater than \$96 each. Use the remarks field to identify the item(s).
T2029		SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	A	\$240.00	Maximum of 5 environmental safety & control devices per quarter limited to a cost not greater than \$240 each. Use the remarks field to identify the item(s)
T2039		VEHICLE MOD WAIVER/ SERVICE	A	\$5,280.00	Maximum cost for van lifts & tie-downs is \$5,280 once every 5 years. <b>Prior authorization</b> is required if the cost exceeds \$5,280 or a replacement is needed. All other vehicle modifications require <b>prior authorization</b> .